

Print**COMMISSIONERS AGENDA MEETING REQUEST FORM - Submission #580****Date Submitted: 8/24/2023****COMMISSIONERS CONSENT AGENDA REQUEST FORM**

Must be submitted by 12:00 pm on Thursday

OFFICE / DEPARTMENT:*

RENEW

Please select your Office or Department from the dropdown list.

REQUESTOR:*

Sarah Nelson

Name of person making
this request**DATE OF REQUEST:***

8/24/2023

Date this request is
submitted**PHONE #:***

5097659239

Phone number to reach requestor
with any questions**INDIVIDUAL ATTENDING:***

Dell Anderson

Name of individual that will be
attending either the roundtable
and/or consent agenda meeting to
answer any questions**CONFIDENTIAL:***

NO

Does this document contain
confidential information**TYPE(S) OF DOCUMENTS BEING SUBMITTED***

- | | | |
|--|--|---|
| <input type="checkbox"/> AGREEMENT / CONTRACT | <input checked="" type="checkbox"/> EMPLOYEE RELATIONS | <input type="checkbox"/> OUT OF STATE TRAVEL |
| <input type="checkbox"/> AP VOUCHERS | <input type="checkbox"/> FACILITIES RELATED | <input type="checkbox"/> PETTY CASH |
| <input type="checkbox"/> APPOINTMENT / REAPPOINTMENT | <input type="checkbox"/> FINANCIAL | <input type="checkbox"/> POLICIES |
| <input type="checkbox"/> ARPA RELATED | <input type="checkbox"/> FUNDS | <input type="checkbox"/> PROCLAMATIONS |
| <input type="checkbox"/> BIDS / RFPs / QUOTES AWARD | <input type="checkbox"/> HEARING | <input type="checkbox"/> REQUEST FOR PURCHASE |
| <input type="checkbox"/> BID OPENING SCHEDULED | <input type="checkbox"/> INVOICES / PURCHASE ORDERS | <input type="checkbox"/> RESOLUTION |
| <input type="checkbox"/> BOARDS / COMMITTEES | <input type="checkbox"/> GRANTS - FED / STATE / FED | <input type="checkbox"/> TAX LEVIES |
| <input type="checkbox"/> BUDGET | <input type="checkbox"/> LEASES | <input type="checkbox"/> THANK YOU'S |
| <input type="checkbox"/> COMPUTER RELATED | <input type="checkbox"/> MOA / MOU | <input type="checkbox"/> TAX TITLE PROPERTY |
| <input type="checkbox"/> COUNTY CODE | <input type="checkbox"/> MINUTES | <input type="checkbox"/> WSLCB |
| <input type="checkbox"/> EMERGENCY PURCHASE | <input type="checkbox"/> ORDINANCES | |

Check
all
boxes
that
apply
and
supply

supporting documentation

WORDING FOR AGENDA:*

Request to close Renew from 1-5 to attend Bill Fode's Celebration of Life 9/14. Crises services will remain available 24 hours a day.

FILE UPLOAD:*

Renew.pdf

Upload documents that are requested to be on the consent agenda

Please provide the suggested wording that will placed as the title for this document on the consent agenda

LEGAL REVIEW:*

NO



Is legal review required for this action?

LEGAL SIGNATURE

First M. Last

DATE OF LEGAL REVIEW:

mm/dd/yyyy

BOCC ACTION

To Be Completed by BOCC Staff

BOCC ACTION☐ APPROVED☐ DENIED☐ TABLED /
DEFERRED / NO
ACTION TAKEN☐ CONTINUED TO
DATE:☐ OTHER**DATE OF ACTION**

mm/dd/yyyy